| Ellective October 1, 2000  |                  |                                  |               |                                |                      |                    |          |   | 011                    | 10 | <u> </u>       |                        |  |
|--|------------------|----------------------------------|---------------|--------------------------------|----------------------|--------------------|----------|---|------------------------|----|----------------|------------------------|--|
| (Column 1) (Column 2) TYPE C OR S  |                  |                                  |               |                                |                      |                    |          |   |                        |    | OTHER          |                        |  |
| TO   | TAL CLAIMS       |                                  |               |                                | •                    |                    |          | RATE                                    | FEE                    |    | RATE           | FEE                    |  |
| FC   | R                |                                  | MUMBER FILED  |                                | NUMBER EXTRA         |                    |          | BASIC FEE                               | 355.00                 | OR | BASIC FEE      | 710.00                 |  |
| 70   | TAL CHARGEA      | BLE CLABAS                       | 22. minus 20- |                                | . 2                  |                    |          | X\$ 9=                                  |                        | ОЯ | <b>X\$18</b> = | 36                     |  |
| DUE  | ELENDÉ/L CI      | AIMS                             | 2 minus 3 =   |                                |                      |                    |          | X40-                                    |                        | OR | X80-           |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                  |                                  |               |                                |                      |                    |          | +135=                                   |                        | OR | +270a          |                        |  |
| *If the difference in column 1 is less than zero, enter "O" in column 2  |                  |                                  |               |                                |                      |                    |          | TOTAL                                   |                        | OR |                | 7460                   |  |
| CLAIMS AS AMENDED - PART II  |                  |                                  |               |                                |                      |                    |          |   | <u> </u>               | ,  |                |                        |  |
| (Column 1) (Column 2) (Column 3)   |                  |                                  |               |                                |                      |                    | 1        | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                |                        |  |
| MENDAGATA.   |                  | CLAIMS REMARKING AFTER AMENOMENT |               | HEGO<br>MAJM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA   |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| 3  | Total            | · 29                             | Minus         | - 4                            | 22                   | - 3                |          | X\$ 8=                                  |                        | OR | X\$18=         | 1260                   |  |
| 3  | Independent      | - 3                              | Minus         | ***                            | 3                    |                    | l        | X40-                                    |                        | OR | X80-           |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                  |                                  |               |                                |                      |                    |          | +135=                                   |                        | OR | +270=          |                        |  |
| REST AVAILABLE COPY (Column 1) (Column 2) (Column 3)   |                  |                                  |               |                                |                      |                    |          | TOTAL                                   |                        | OR | YOTAL          | 13/0                   |  |
| ئنگ  | -18.66           | •                                | DOT. FEE      |                                | ,                    | ADDIT. FEE         | ed.      |   |                        |    |                |                        |  |
| EMT B  |                  | CLAMS MEMAINING AFTER AMENDMENT  |               | Fügi-<br>NLM<br>PREVX<br>PAID  | BER<br>OUSLY         | PRESENT .<br>EXTRA |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | PATE           | ADDI-<br>TIONAL<br>FEE |  |
| 3  | Total            |                                  | Minus         | λ.                             | (F                   | • ,                | lΓ       | X\$ 9=                                  |                        | OR | ' X\$18=       |                        |  |
| AMENDMENT  | Independent      | • , • , • ,                      | Minus         | <u></u>                        | <i>*</i>             |                    | Į ľ      | X40=                                    | -                      | ОЯ | X80=           |                        |  |
| ٢  | THE PHESE        | NTATION OF M                     | ALIIPUE DEF   | - ERUEN!                       | CLAIM                |                    | <b>'</b> | +135=                                   |                        | OR | +270=          |                        |  |
|  |                  |                                  | •             |                                |                      |                    | L        | TOTAL                                   |                        | OR | YOYAL          |                        |  |
| 8-11-05 (Column 1) (Column 2) (Column 3)   |                  |                                  |               |                                |                      |                    |          |   |                        |    |                |                        |  |
| ENTC   |                  | CLAIMS REMARKING AFTER AMENDMENT | 12.           | HIGH<br>NUMB<br>PREVIO<br>PAID | EEI<br>BER<br>CUSUS  | PRESENT<br>EXTRA   |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total            | · 13                             | Minus '       | - 2                            | 9                    | - /                |          | X\$ 9=                                  |                        | ОЯ | X\$18=         |                        |  |
| ANE  | Independent      | •                                | Minus         | ••• (.2                        | 5                    | . 9                |          | X40=                                    |                        | OR | X80=           |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                  |                                  |               |                                |                      |                    |          |   |                        | OR | +270=          |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "I' in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                  |                                  |               |                                |                      |                    |          |   |                        | 00 | TOTAL          |                        |  |
|  | s and Labour 167 | . A                              | DOTT, FEE     |                                | ~                    | ADDIT, FEE         |          |   |                        |    |                |                        |  |

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